

Department of Land Management
Building and Zoning Division
116 HAMPTON ROAD
SOUTHAMPTON, NY 11968

Phone: (631) 287-5700
Fax: (631) 287-5754

TOWN OF SOUTHAMPTON



ANNA THRONE-HOLST
TOWN SUPERVISOR

KYLE P. COLLINS, AICP
TOWN PLANNING AND
DEVELOPMENT ADMINISTRATOR

MICHAEL BENINCASA
CHIEF BUILDING INSPECTOR

RENTAL RENEWAL PERMIT APPLICATION

Renewal Fees: ☐ Standard fee \$200.00

☐ Income Qualified Tenant fee waived (**Must Supply Documentation**)

☐ Enhanced Star, Veterans or Senior Citizen's Southampton Town Property Exemption fee \$100.00

☐ Volunteer Fire Dept or Volunteer Ambulance Workers Real Property Exemption fee \$100.00

☐ Certification by Licensed Architect or Licensed Engineer fee \$150.00

☐ **Tenant is:** Senior Citizen (as per §330-5) or Qualified Disabled Person (as per §216-2) fee \$100.00

☐ Property in Violation of Chapter 270 (Rental Properties) fee \$500.00

Fee Explanation attached

Date: _____ office use only

1. Property Information (please complete all blank fields):

Issued Rental Permit Number: _____ Expiration Date: _____ Today's Date: _____
(if expired **MUST** apply for New Rental Permit)

Rental Property Address: _____

Tax Map Number: 0900 – SECTION _____ - BLOCK _____ - LOT _____.

Owner Information: **(Set forth the name, address and telephone number of all owners of the rental property)*

Property Owner Name: _____ Date of Birth: _____

Property Owner Legal Address (no P.O. Boxes): _____

Property Owner Mailing Address: _____

Contact Phone Number: _____ Email address: _____

2. If the rental dwelling unit intended for rental occupancy is owned by a corporation, partnership, limited liability company or other business entity, the name, address, and telephone number of each owner, officer, principal, shareholder, partner, and/or member of such business entity **MUST be set forth below:**

Name: _____

Legal Address (No P.O. Boxes): _____

Mailing Address: _____

Title or position held with said corporation, partnership, limited liability company or business entity: _____

Contact Phone Number: _____ Email address (if different from above): _____

**If necessary attach additional pages to supply above information.
MUST BE FILLED OUT BY OWNER**

BUILDING AND ZONING DEPARTMENT
TOWN OF SOUTHAMPTON

* In the matter of the Application of

(Print Owners Name)

* For the Renewal of a Rental Permit *

* pursuant to Chapter 270 *

* of the Southampton Town Code. *

STATE OF NEW YORK)
COUNTY OF SUFFOLK) SS:

I, _____, being duly sworn, deposes and says:

1. I am the owner of the premises located at _____, more particularly shown as
Suffolk County Tax Map Number: 0900- ____ - ____ - ____ , and as such I am familiar with the buildings and
structures located on the subject premises.

2. A copy of the previously issued valid rental permit is attached hereto.

3. The above mentioned rental property, to the best of my knowledge, fully complies with all of the
provisions of the Code of the Town of Southampton and the New York State Uniform Fire Prevention and
Building Code.

4. The structure has not been physically altered in any way, except in full conformance with a valid
building permit.

5. I am not aware of the property being in violation of the Code of the Town of Southampton or the
New York State Uniform Fire Prevention and Building Code.

6. I make this affidavit knowing full well that the Town of Southampton Building and Zoning
Department will rely upon the facts as stated herein to issue a renewal of a rental permit pursuant to Chapter
270 of the Code of the Town of Southampton.

7. In the event of a change in tenancy occurring during a permit term, I shall notify the Chief Building
Inspector, in writing, of the identity of the new tenants.

Dated:

Sworn to before me this _____
day of _____, 20 ____.

Original Property Owner's Signature

Original Notary Signature and Original Notary Seal

Tenant Information:

All Tenants Names (Include all Adults and Children Occupying the Dwelling Not Listed on the Lease):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Term of the Lease (Beginning Date/Ending Date):

Beginning Date: _____

Ending Date: _____

(Any Changes in Tenants please notify this office with the names of the new tenants, including all children and adults occupying the dwelling not listed on the lease and the start date and end date of the lease)

If NO Tenants at time of Rental Permit Renewal, Permit can be Renewed, BUT Property Owner Must Provide All Tenants Names Including ALL Adults and ALL Children occupying the Rental Property Not Listed on the Lease PRIOR to Tenants Occupying the Rental Property. **Not Providing All Tenants Names That Occupy the Rental Property is a Violation of Chapter 270-4(C).**

Sworn to before me this_____

Day of _____, 20_____

Original Property Owner's Signature

Original Notary Signature and Original Notary Seal

A change of Tenant form is available for download at Building and Zoning Division website:
www.southamptontownny.gov